

PTO/SB/22 (12-04)
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work Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control numbe

Under Repenvork Reduction Act of 1995, no persons are required to respond to a collection PETITION FOR PETITION FOR PETITION FOR 1.136(a)		n of information unless if displays a valid OMB control number.  Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		393032028900	
	/992,106	Filed Nov	vember 21, 2001
For APPARATUS AND METHOD FOR CREATING AND SUPPLYING A PROGRAM VIA COMMUNICATION NETWORK			
Art Unit 2144	·	Examiner	T. T. Nguyen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
O	<u>Fee</u>	Small Entity Fee	<b>.</b>
One month (37 CFR 1.17(a)(1))		\$60	\$
Two months (37 CFR 1.17(a)(2)	)) \$450	\$225	\$
X Three months (37 CFR 1.17(a)(	(3)) . \$1020	\$510	\$ 1,020.00
Four months (37 CFR 1.17(a)(4	(1) \$1590	\$795	\$
Five months (37 CFR 1.17(a)(5)	)) \$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  03-1952  1 have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of re	ecord. Registration Number	r48,231	·
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34  August 8, 2006			
Signature		Date	
Mehran Arjomand		(213) 892-5630	
Typed or printed name		Telepho	one Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms	are submitted.		

08/11/2006 HDESTA1 00000100 031952 09992106

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